



RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
STATEMENT OF ECONOMIC INTERESTS  
2 COVER PAGE 1:19

LOS ANGELES CITY  
ETHICS COMMISSION  
Date Received  
Official Use Only  
APR 02 2013



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Englander Mitchell

1. Office, Agency, or Court

Agency Name  
Los Angeles City Council  
Division, Board, Department, District, if applicable  
District 12  
Your Position  
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: See attached. Position: See attached.

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☒ Multi-County See attached. ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☒ Other See attached.

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2012, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached  
☒ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State

Date Signed 3/27/13  
(month, day, year)

**Mitchell Englander - Form 700**  
**2012 Annual Statement of Economic Interests**  
**Cover Page Attachment**

**Section 1. Office, Agency or Court**

Name of Agency: Southern California Association of Governments  
Division, Board, District: n/a  
Position: Boardmember

Name of Agency: Los Angeles County Solid Waste Management  
Committee/Integrated Waste Management Task Force  
Division, Board, District: n/a  
Position: Boardmember

Name of Agency: Sunshine Canyon Landfill Local Enforcement Agency (SCL-LEA)  
Division, Board, District: n/a  
Position: Boardmember

**Section 2. Jurisdiction of Office**

Multi-County: Los Angeles, Orange, Ventura, San Bernardino, Riverside & Imperial Counties

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Mitchell Englander

**1. BUSINESS ENTITY OR TRUST**

**E-Venture**

Name

17272 Rainbow Ridge Circle, Granada Hills, CA 91344

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Consulting

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☒ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Spouse's company and income.

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☒ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

☒ None

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_ ☐ Other \_\_\_\_\_  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

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☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

☐ None

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☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_ ☐ Other \_\_\_\_\_  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
Mitchell Englander

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	
		Street address
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		(Describe)

FPPC Form 700 (2012/2013) Sch. C  
FPPC Advice Email: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)  
FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Mitchell Englander
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► NAME OF SOURCE (Not an Acronym)  
 L.A. Area Chamber of Commerce

ADDRESS (Business Address Acceptable)  
 350 S. Bixel St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/26/12	\$ 90.58	Ticket to Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
 Los Angeles Dodgers

ADDRESS (Business Address Acceptable)  
 9420 Wilshire Blvd., #300, Beverly Hills, CA 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Baseball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/05/12	\$ 100.00	Baseball Game Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_